

# APPLICATION FOR EMPLOYMENT

Company Saguache County Road & Bridge  
Address P.O. Box 476  
City Saguache State Co Zip 81149

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	
	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ If no, can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_



## EMPLOYMENT HISTORY

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER			DATES	POSITION HELD
NAME			FROM	REASON FOR LEAVING
ADDRESS			MO. YR.	
CITY	STATE	ZIP	TO	
PHONE NUMBER			MO. YR.	

EMPLOYER			DATES	POSITION HELD
NAME			FROM	REASON FOR LEAVING
ADDRESS			MO. YR.	
CITY	STATE	ZIP	TO	
PHONE NUMBER			MO. YR.	

EMPLOYER			DATES	POSITION HELD
NAME			FROM	REASON FOR LEAVING
ADDRESS			MO. YR.	
CITY	STATE	ZIP	TO	
PHONE NUMBER			MO. YR.	

EMPLOYER			DATES	POSITION HELD
NAME			FROM	REASON FOR LEAVING
ADDRESS			MO. YR.	
CITY	STATE	ZIP	TO	
PHONE NUMBER			MO. YR.	

### MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK _____					
TRACTOR AND SEMI-TRAILER _____					
TRACTOR - TWO TRAILERS _____					
OTHER _____					

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS - PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) \_\_\_\_\_

SHOW COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - CLERICAL

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

*INDICATE WORDS PER MINUTE	TRAINING (CHECK)	YEARS OF EXPERIENCE		TRAINING (CHECK)	YEARS OF EXPERIENCE
Shorthand *			Rates **		
Billing			OS & D		
TWX			Interline		
PBX			Claims		
Key Punch Operator			Cashier		
Calculator			Accounting		
Dictating Machine Transcriber			Dispatcher		
Bookkeeping Machine			Tabulator		
Computer Skills			** Indicate tariffs with which you		
Software Programs			have worked		

LIST COURSES AND TRAINING FOR OFFICE WORK \_\_\_\_\_



**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED

REJECTED

DATE EMPLOYED

POINT EMPLOYED

DEPARTMENT

CLASSIFICATION

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

1. APPLICATION
2. INTERVIEW
3. PAST EMPLOYMENT
4. WRITTEN EXAM
5. ROAD TEST
6. CRIMINAL AND  
TRAFFIC CONVICTIONS

SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER

**TRANSFERS**

FROM: TO:

DATE:

REASON FOR TRANSFER

FROM: TO:

DATE:

REASON FOR TRANSFER

FROM: TO:

DATE:

REASON FOR TRANSFER

FROM: TO:

DATE:

REASON FOR TRANSFER

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED

DEPARTMENT RELEASED FROM

DISMISSED

VOLUNTARILY QUIT

OTHER

TERMINATION REPORT PLACED IN FILE

SUPERVISOR